

2004

# WATER SAFETY INSTRUCTOR

This **Water Safety Instructor (WSI)** course is designed to train participants to teach American Red Cross water safety courses. The course covers the swimming classes taught by the Red Cross, from infants to Guard Start. Students will be required to demonstrate knowledge and skill in all swimming strokes and aquatic technique. WSI certificates will be issued upon successful completion of the WSI course requirements. Pre-requisites: Participants must be 17 years old on or before 5/1/04, and pass water and written pre-tests. These pre-requisites must be completed at the first class session in order to continue in the Water Safety Instructor course. **Attendance at all class sessions is required.** Class size is very limited and will fill quickly. Gilbert residents will receive a registration priority. Touch Tone registration (503-6225) is highly recommended. For more information, please call (480) 503-6200.



## Water Safety Instructor Program Registration Timeline

<b>Mail-In Begins</b>	<b>2/24/04</b>
<b>Resident Touch Tone Begins</b>	<b>2/25 at 8am</b>
<b>Non-Resident Touch Tone Begins</b>	<b>3/4/2004</b>
<b>Late Walk-In Begins (if available)</b>	<b>3/8/04</b>

### Class Code # 27666

Tuesday, April 6	5-8:30pm
Thursday, April 8	5-8:30pm
Tuesday, April 13	5-8:30pm
Thursday, April 15	5-8:30pm
Saturday, April 17	8am-1pm
Tuesday, April 20	5-8:30pm
Thursday, April 22	5-8:30pm
Saturday, April 24	8am-1pm
Tuesday, April 27	5-8:30pm
Thursday, April 29	5-8:30pm
Saturday, May 1	8am-1pm

Mesquite Aquatic Center, 100 W. Mesquite  
Course Fee: \$100 (includes books)

## GILBERT PARKS & RECREATION REGISTRATION FORM **ONE PERSON PER FORM!**

*Additional forms at [www.ci.gilbert.az.us/forms/index.htm](http://www.ci.gilbert.az.us/forms/index.htm) or photocopy this one*

Participant's name \_\_\_\_\_ ☐ Male ☐ Female Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
☐ New address  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ First & last name \_\_\_\_\_  
 parent/guardian  
 Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_ (email) \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

T-shirt size \_\_\_\_\_  
 For Wrestling Camp only (Summer/Fall/Holiday)  
☐ Youth (14-16)  
☐ Adult S  
☐ Adult M  
☐ Adult L  
☐ Adult XL

CLASS CODE#					NAME OF CLASS/ACTIVITY	DAY	TIME	FEE
2	7	6	6	6	WATER SAFETY INSTRUCTOR			\$100

**TOTAL** \_\_\_\_\_  
*One payment per family please*

### PARTICIPANT RESIDENCY

(Please indicate below)

☐ **GILBERT RESIDENT**

### NON-RESIDENT

☐ County/County Island

☐ Other \_\_\_\_\_

### Credit Card Payment

☐ MasterCard

☐ Visa

CC# \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

(Please Print)

I agree to the terms and conditions of this agreement and waive all rights to charge back any amount on my card.

Authorized Signature \_\_\_\_\_

Please make checks payable to:  
 "TOWN OF GILBERT"

Mail To: Gilbert Parks and  
 Recreation  
 70 E. Civic Center Drive  
 Gilbert, AZ 85296

### FOR OFFICE USE ONLY

Date rec. \_\_\_\_\_ Staff \_\_\_\_\_

Check # \_\_\_\_\_ /\$ \_\_\_\_\_ Cash \$ \_\_\_\_\_

Prev. Credit \$ \_\_\_\_\_ Credit Card \$ \_\_\_\_\_

Refund | Credit Acct | Credit Card

Date Issued: \_\_\_\_\_ By: \_\_\_\_\_

### Assumption of Risk & Release of All Claims & Notice

I allow my child, and/or myself, to participate in this program. We release the Town of Gilbert and its employees of any liability, claims or demands, which we may have hereafter have as a result of participating in recreational activities, using recreational facilities, or being transported to events as part of this program. I understand that the Town of Gilbert has no medical insurance for this program. I understand there are risks involved with strenuous physical exertion as part of this program, including serious injury. I certify that my child's and/or my own physical condition is satisfactory to participate in physically demanding activities. I am at least 18 years of age. I also give permission for any photos/video taken of participants to be used by the Town of Gilbert.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION WILL NOT BE  
 PROCESSED WITHOUT SIGNATURE!**